PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

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Effective Fees pursuant to the Consolidate	e on 12/08/20			Co.	mplete if Known	)		
<u> </u>			Application Num	ber 10	/507,387			
LEE IK	<b>SVIA</b>	MITTAL	Filing Date	Ma	arch 11, 2003			
For	First Named Inve	entor SE	EN, Dipankar, et a	al				
Applicant claims small	entity status	See 37 CFR 1 27	Examiner Name	Ja	ne Zara			
Applicant claims small			Art Unit	16	635			
TOTAL AMOUNT OF PAYN	IENT (\$)	735.00	Attorney Docket	No. 23	2353.0010			
METHOD OF PAYMENT	(check all	that apply)						
Check Credit C	ard N	Money Order N	one Other (pl	lease identi	6a)*			
Deposit Account De		•			: Chernoff, Vilh	auer		
		account, the Director is I				4401		
Charge fee(s)						ept for the filing fee		
		(s) or underpayments of	6.65			pt for the filling fee		
under 37 CFR	1.16 and 1.	17	· / V Oredit	any overp	•			
WARNING: Information on this information and authorization of			information should no	t be includ	ed on this form. Pro	vide credit card		
FEE CALCULATION	<del></del>	. ==						
1. BASIC FILING, SEAR			3					
	FILING	FEES SE/ imall Entity	ARCH FEES Small Entity	EXAMIN	IATION FEES Small Entity			
Application Type	Fee (\$)	Fee (\$) Fee		Fee (\$)		Fees Paid (\$)		
Utility	330	165 540	270	220	110			
Design	220	110 100	50	140	70			
Plant	220	110 330	165	170	85			
Reissue	330	165 540	270	650	325			
Provisional	220	110	0	0	0			
2. EXCESS CLAIM FEE	S					Small Entity		
Fee Description	. 1 . 1' D				Fee (\$)	Fee (\$)		
Each claim over 20 (in Each independent clai					52 220	26 110		
Multiple dependent cla		including Reissues)			390	195		
• •	Extra Clair	ns Fee (\$) F	ee Paid (\$)		• • •	endent Claims		
- 20 or HP =		_ ×= _			Fee (\$)	Fee Paid (\$)		
HP = highest number of total		-	on Daid (\$)					
Indep. Claims - 3 or HP =	Extra Clain	<u>ns Fee (\$) F</u> x =	ee Paid (\$)					
HP = highest number of indep								
3. APPLICATION SIZE F If the specification and	EE drawings e	exceed 100 sheets of	paper (excluding el	lectronica	ally filed sequence	ce or computer		
		, the application size						
sheets or fraction the Total Sheets - 100 =	Extra Shee	35 U.S.C. 41(a)(1)(0 ets Number of e / 50 =	G) and 37 CFR 1.16 ach additional 50 or (round up to a w	r fraction	thereof Fee (\$	5)		
			(100110 <b>up</b> to a w	Haili				
4. OTHER FEE(S)  Non-English Specific	ation, \$1	30 fee (no small enti-	ty discount)			Fees Paid (\$)		

SUBMITTED BY					
Signature	Registration No. (Attomey/Agent) 26,568	Telephone (503) 227-5631			
Name (Print/Type) Charles D. McClung		Date April 16, 2009			

Other (e.g., late filing surcharge): IDS filing fee under CFR 1.17 (\$180); Extension of Time fee (\$555)

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

735.00

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ork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2009

$\mathbf{V}$	Applicant claims small entity status.	See 37	CFR	1.27

TOTAL AMOUNT OF PAYMENT 735.00

Complete if Known					
Application Number	10/507,387				
Filing Date	March 11, 2003				
First Named Inventor	SEN, Dipankar, et al.				
Examiner Name	Jane Zara				
Art Unit	1635				
Attorney Docket No.	2353.0010				

METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order Other (please identify):							
Deposit Account De	posit Account	Number: <u>03-155</u>	0	Deposit A	ccount Name:	Chernoff, Vilh	nauer
For the above-identif	ied deposit a	account, the Direct					
Charge fee(s)	indicated be	low .		Char	ae fee(s) indic	ated below. exc	ept for the filing fee
Charge any ac	ditional fee(	s) or underpayme	nts of fee(s	, <del>–</del>	t any overpay		- F
under 37 CFR WARNING: Information on this			t oard inform				wide eredit eerd
information and authorization	on PTO-2038.	come public. Credi	t card inform	nation should h	iot be included	on this form, Pro	vide credit card
FEE CALCULATION							
1. BASIC FILING, SEAR	CH, AND E	XAMINATION	FEES				
	FILING F		SEARCH			TION FEES	
Application Type	Fee (\$)	mall Entity Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM FEE	S					5	Small Entity
Fee Description	a alaudia a D	-:				<u>Fee (\$)</u> 52	Fee (\$)
Each claim over 20 (in Each independent clai			100)			220	26
Multiple dependent cla		including Keissi	ies)			390	110 195
Total Claims	anns Extra Claim	ns Fee (\$)	Fee Pa	sid (\$)			pendent Claims
- 20 or HP =	LXII a Olalli	х - <u>гестфл</u>	=	214 (4)		Fee (\$)	Fee Paid (\$)
HP = highest number of total	claims paid for			<del></del>		1 66 (4)	ree raid (\$)
Indep. Claims	Extra Claim	<u> Fee (\$)</u>	Fee Pa	iid (\$)			
3 or HP = _		_ x	. = <u></u>				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
100 = / 50 = (round up to a whole number) x =							
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (s							Fees Paid (\$)
Other (e.g., late filing surcharge): IDS filing fee under CFR 1.17 (\$180); Extension of Time fee (\$555) 735.00							

SUBMITTED BY			
Signature	Chr	Registration No. (Attomey/Agent) 26,568	Telephone (503) 227-5631
Name (Print/Type	c) Charles D. McClung		Date April 16, 2009

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/21 (03-09)

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Application Number 10/507,387

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Filing Date March 11, 2003

First Named Inventor SEN, Dipankar

Art Unit 1635

Examiner Name Jane Zara

Attorney Docket Number 2353,0010

Tot	al Number of	Pages in This Submission			2000.0010		
				01.0011050			
			ENG	CLOSURES (Check	all that apply	<i>(</i> )	
	After Final Affidavits/declaration(s)		Drawing(s)  Licensing-related Papers  Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD				After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below):  dit Card Payment Form; Return Receipt teard
Document(s)  Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		overpa	ayment, to Deposit Account	Number 03-15	550.	ees which may be required, or credit any	
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Firm Name Chemoff, Vil		Chemoff, Vilhauer, McClu	auer, McClung & Stenzel, LLP				
Signature		_					
Printed name Charles D. McClung							
Date		April 16, 2009			Reg. No.	26,568	8

## CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Typed or printed name Charles D. McClung Date April 16, 2009

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